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<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3>		<p><b>Complete if Known</b></p>													
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/652,842-Conf. #2836</td> </tr> <tr> <td>Filing Date</td> <td>August 29, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Bret A. Ferree</td> </tr> <tr> <td>Examiner Name</td> <td>T. Sweet</td> </tr> <tr> <td>Art Unit</td> <td>3738</td> </tr> <tr> <td>Attorney Docket No.</td> <td>BAF-16402/29</td> </tr> </table>		Application Number	10/652,842-Conf. #2836	Filing Date	August 29, 2003	First Named Inventor	Bret A. Ferree	Examiner Name	T. Sweet	Art Unit	3738	Attorney Docket No.	BAF-16402/29
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<p><b>METHOD OF PAYMENT</b> (check all that apply)</p>						
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Check</td> <td><input checked="" type="checkbox"/> Credit Card</td> <td><input type="checkbox"/> Money Order</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Other (please identify): _____</td> </tr> </table>		<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
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<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Deposit Account</td> <td>Deposit Account Number: 07-1180</td> <td>Deposit Account Name: Gifford, Krass, Sprinkle,</td> </tr> </table>		<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 07-1180	Deposit Account Name: Gifford, Krass, Sprinkle,		
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<p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Charge fee(s) indicated below</td> <td><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</td> </tr> <tr> <td><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17</td> <td><input checked="" type="checkbox"/> Credit any overpayments</td> </tr> </table>		<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments	
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<p><b>FEE CALCULATION</b></p>																					
<p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p>																					
	<p><b>FILING FEES</b></p>		<p><b>SEARCH FEES</b></p>		<p><b>EXAMINATION FEES</b></p>																
	<p><b>Small Entity</b></p>		<p><b>Small Entity</b></p>		<p><b>Small Entity</b></p>																
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>														
Utility	310	155	510	255	210	105	_____														
Design	210	105	100	50	130	65	_____														
Plant	210	105	310	155	160	80	_____														
Reissue	310	155	510	255	620	310	_____														
Provisional	210	105	0	0	0	0	_____														
							<p><b>Small Entity</b></p>														
							<p><b>Fee (\$)</b></p>														
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<p><b>2. EXCESS CLAIM FEES</b></p>																					
<p><b>Fee Description</b></p>																					
<p>Each claim over 20 (including Reissues)</p>							<p>50 25</p>														
<p>Each independent claim over 3 (including Reissues)</p>							<p>210 105</p>														
<p>Multiple dependent claims</p>							<p>370 185</p>														
<table style="width: 100%;"> <tr> <td style="text-align: center;"><b>Total Claims</b></td> <td style="text-align: center;"><b>Extra Claims</b></td> <td style="text-align: center;"><b>Fee (\$)</b></td> <td style="text-align: center;"><b>Fee Paid (\$)</b></td> <td style="text-align: center;"><b>Multiple Dependent Claims</b></td> <td style="text-align: center;"><b>Fee (\$)</b></td> <td style="text-align: center;"><b>Fee Paid (\$)</b></td> </tr> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">- 31 =</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> <td style="text-align: center;">=</td> <td style="text-align: center;">=</td> <td style="text-align: center;">=</td> </tr> </table>							<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	30	- 31 =	x	=	=	=	=	
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30	- 31 =	x	=	=	=	=															
<p>HP = highest number of total claims paid for, if greater than 20.</p>																					
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2	- 3 =	x	=	=	=	=															
<p>HP = highest number of independent claims paid for, if greater than 3.</p>																					
<p><b>3. APPLICATION SIZE FEE</b></p>																					
<p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>																					
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<p><b>4. OTHER FEE(S)</b></p>																					
<p>Non-English Specification, \$130 fee (no small entity discount)</p>																					
<p>Other (e.g., late filing surcharge): 2401 Notice of appeal 255.00</p>																					

<p><b>SUBMITTED BY</b></p>			
Signature	/John G. Posa/	Registration No. (Attorney/Agent)	37,424
		Telephone	(734) 913-9300
Name (Print/Type)	John G. Posa	Date	October 18, 2007